

We got the bailout. Goldman Sachs had record profits the second quarter. Well, isn't that special? It looks like Geithner is wrong. If it is good for Goldman Sachs, it is not good for the country.

We owe the American people better than what we are giving them. We should take a pledge like doctors and do no harm. We are doing too much harm.

#### GENERAL LEAVE

Mr. WEXLER. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Con. Res. 156.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

#### SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

#### PROBLEMS WITH UNIVERSAL HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. I want my colleagues, Mr. Speaker, to listen to what happens when you have socialized medicine. This is a Canadian story I'm going to tell you about. In fact, there is more than one.

This is from Shona Holmes. She is a Canadian. She says that after suffering from crushing headaches and vision problems, she was diagnosed with a brain tumor 4 years ago. She was told if it wasn't removed, she could go blind or even die.

American doctors at the Mayo Clinic said to me, you have a brain tumor pressing on your optic chiasm, and it needs to come out immediately. Holmes was told by her doctor in Canada that she had to wait 4 months before she could see an endocrinologist and 6 months for a neurologist.

She is a Canadian, and she says that the doctors at the Mayo Clinic where she turned to got to her right away because they couldn't get to her fast enough in Canada. She ended up having to pay about \$100,000 because they couldn't take care of the problem in Canada, as that health care system was supposed to do. She and her husband were forced to put a second mortgage on their home and borrow money from family and friends.

Here is another story: a prime example is the Kingston General Hospital in Ontario where they have staggering delays. Senator McCONNELL in the other body claims that on average

there is a 340-day wait for knee replacements and a 196-day wait for hip replacements. The chief of staff of that hospital says, In our Canada health care system, we are looking at what we have to do to prioritize patients. They are on somebody's waiting list if they have a problem. They have to wait.

Another Canadian, Rick Hession, has a heart condition that could cause a stroke. But he has a 3-month or more wait for an operation to correct it.

Socialized medicine, government-controlled health care, does not work. It costs a lot of money, you have to wait, and they ration care. This is the program that the Democrats are promising. And all of these white areas are new agencies of government that you're going to have to go through to get your health care.

It is going to cost between \$1 trillion and \$3 trillion over the next decade. That is money we don't have, money we are going to have to print or borrow. It is going to cause inflation.

So we not only have a health care problem we are going to create that will be much worse than anything we face today, something that is going to be equivalent to what they are doing in Canada and England, which does not provide care for those people, but it rations care and it costs through the nose.

The American people need to know these facts. And my colleagues on the Democrat side are trying to rush this through before the August recess so the American people won't know what all this means. I think it is a tragedy. We need more time so the American people can realize what they are going to have to experience if we get a socialized, Canadian-style health care program.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

#### COMPREHENSIVE HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. WEXLER) is recognized for 5 minutes.

Mr. WEXLER. Mr. Speaker, I rise in strong support of the House Democratic health care reform proposal. The United States currently spends per capita almost double the money on health care as any other industrialized nation on Earth.

Despite all of this spending, 45 million Americans languish without health care coverage. Every day, 850 Floridians and 14,000 Americans are added to the ranks of the uninsured. Since 2007, the number of Floridians without coverage has grown by 15 percent. Those who do have coverage face

skyrocketing premiums, co-pays and fees.

In recent years, the average premium paid by a family in Florida has spiked by \$1,400. If we continue down this path, by 2017, health care spending will consume 20 percent of our Nation's gross domestic product.

The staggering cost of health care in America is simply unsustainable. Businesses cannot compete, and millions of Americans go without care or receive care in emergency rooms and hospitals that taxpayers pay for.

For 60 years, Americans have demanded health care reform; and for 60 years, Congress has failed to deliver on this most basic need. With President Obama in the White House, the time for reform has come. We must not let the opportunity to achieve comprehensive health care reform pass us by. This legislation will finally provide quality and affordable coverage to every American.

This proposal will deliver all of the following: a guarantee of no insurance denials for preexisting conditions; a reduction in the doughnut hole in Medicare part D to help seniors afford prescription drugs; a cap on out-of-pocket expenses so families will not have to go into bankruptcy as a result of medical emergencies; and, finally, a robust public option that will drive costs down by competing with private plans.

The skyrocketing cost of health care poses a systemic risk to our economy. The health care reform package with a strong public option is a much better deal for the American people than this unsustainable status quo.

We are on the verge of finally bringing health care costs under control and improving the long-term economic health of our country. Shame on us if we lack the courage to seize this historic opportunity.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### NATIVE AMERICAN INDIANS' HEALTH CARE: GOVERNMENT MEDICAL MALPRACTICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the Federal Government has been running a universal nationalized health care system in the United States for over 100 years. Just ask those folks that live on Indian reservations.

Socialized medicine doesn't work, and America has already proved it by the way it has mistreated Native American Indians. They are treated under the Indian Health Services Program, a universal government-run health care system for Indians.

There are long waiting lines for service, doctors are scarce, the quality of medical care is poor, it costs too much, and it results in rationed health care. When the government is running health care, people die. Now the administration is forcing universal health care on everybody.

Let's look at some of our history on American-run health care: when Stephanie Little Light took her daughter, Ta'Shon Rain, to the Indian Health Service Clinic in Montana, which she was required to do since she is under the universal health care Indian program, the doctor said her little 5-year-old girl was just depressed. She had stopped eating and stopped walking. The little girl kept complaining to her mom that her stomach hurt. And after going back to the government-run health care clinic 10 more times, Ta'Shon's lung collapsed.

She was air-lifted to a private, non-government hospital in Denver where they told her mom she had terminal cancer. The little girl who loved to dance and sing and dress up in Indian costumes always wanted to see Cinderella's World at Disney World. A charity sent the whole family there, but Ta'Shon didn't get to see the castle when they got to Florida. The little girl had died in her hotel room. The mother says she still cries when she remembers how her daughter was always in pain before she died.

There are more examples. The doctors at the Indian Health-run clinic told Stephanie there was nothing wrong with her daughter, that she just had all of this in her mind.

This is a tragic example of medical health care run by the United States Government. There is a big difference between good intentions and what really happens in the real world. When there are no doctors left and the taxpayer money is gone and when bureaucrats control health care, people die. Is this what we are to expect under the new nationalized health care system?

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Mr. Speaker, they say on these Indian reservations don't get sick after June because that's when all the Federal money runs out. So they ration health care.

The Indian Health Service Agency calls itself, get this, a "rationed health care system." How's that for truth about socialized medicine?

Rhonda Sandland lives on Standing Rock Reservation in North Dakota. She'd had a terrible case of frostbite on both her hands, and her hands had turned purple. The pain got so bad that she could not even dress herself. She visited the Indian Health Service clinic over and over again. Rhonda says she didn't get any help there until she threatened to kill herself because of the pain. The clinic then decided to cut off five of her fingers. Lucky for Rhonda there was a private doctor that just happened to be visiting the reservation. He prescribed her medicine

that she needed, instead of cutting off her fingers. She's okay today.

Victor Brave Thunder was not so fortunate. He felt real bad and he went to the same government clinic as Rhonda. They misdiagnosed the fact that he had heart failure, and gave him Tylenol and cough syrup. He later died.

Marcella Buckley has access to all the free government health care she can stand. Once again, she's required to go to the government Indian Health Care Services. Marcella had stomach pains and went to the government clinic on her Indian reservation for 4 years. She was given a whole host of reasons for her stomach pain, including the fact, they said, she might have a tapeworm. Eventually she found out she had Stage 4 stomach cancer, and it had spread all over her body. Now she seeks treatment at a private provider.

On another Indian reservation, Ardel Baker went to her government-run clinic because she had chest pains. They sent her in an ambulance to a private hospital where she noticed that they had put a note on her chest in the ambulance. And the note read, "Understand that Priority 1 care cannot be paid for by us at this time because of funding issues." So they put a note on her, send her on her way to a private hospital because they can't take care of her. Ardel managed to survive that ordeal, thanks to private medicine.

But it was too late for Harriet Archambault. Harriet died when her hypertension medicine ran out. She tried five times to get an appointment to refill that medicine. Government bureaucrats nowhere to be found. So she died before she could ask for that sixth appointment at that government clinic.

Mr. Speaker, these are examples of government-run medical malpractice against the Indians right here in America. Government-run health care never works. Even in America we've proven it doesn't work.

And, Mr. Speaker, I will just close by saying this: If you love the way we run the Postal Service, and you love the way that we run FEMA, and you love the compassion of the IRS, you will love the new nationalized health care system. Just ask the American Indians.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

(Mr. MORAN of Kansas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

(Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

(Mr. MCCOTTER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

(Ms. BERKLEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

(Mr. FRANKS of Arizona addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### THE WORLD'S GREATEST DELIBERATIVE BODY

The SPEAKER pro tempore (Ms. KOSMAS). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes as the designee of the minority leader.

Mr. KING of Iowa. Madam Speaker, I appreciate being recognized to address here on the floor of the House of the House of Representatives. This has often been described as the world's greatest deliberative body. And here, in these Chambers, we engage in this debate and this dialogue.

But the dialogue that comes to these Chambers is a dialogue that's designed to be filtered through our committee system, through our subcommittees, through our full committee process, whether it be the appropriations subcommittees and committees and on to the floor, or whether it be through our standing committees. And what we've seen happen instead is that this process is under the process of a wrecking ball that's been taken to the traditions of